

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-620-866**
APPLICANT(S)

FILING DATE **07-15-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
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TOTAL IND.	6					
TOTAL DEP.	46					
TOTAL CLAIMS.	52					

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